

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/937961

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		1		1		
4		1		1		
5		2		1		
6		1		1		
7		2		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17	/		/			
18		1		1		
19		2		1		
20		2		1		
21		0		1		
22	/		/			
23		1		1		
24		2		1		
25		0		1		
26		0		1		
27	/		/			
28	/		/			
29	/		/			
30		1		1		
31		1		1		
32		1		1		
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48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	33		28			
TOTAL CLAIMS	39		34			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy